

POSITION	INITIALS	NO.	DATE
FEE DETERMINATION	VT	69607	8/28/97
O.I.P.E. CLASSIFIER		16	9/29/97
FORMALITY REVIEW		68904	9-8-99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/28/97
2	✓		
3	✓		
4	✓		
5	0 0		
6	✓		
7	✓		
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9			
10	0		
11	✓		
12	✓		
13	✓		
14	✓		
15	N N N		
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22	N N N		
23	= = ✓ ✓		
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29	✓ ✓ ✓ ✓		
30	✓ ✓ ✓ ✓		
31	✓ ✓		
32	0 0		
33	0 0 ✓ ✓ ✓		
34	0 0		
35	✓ ✓		
36	✓ ✓		
37	✓ ✓ ✓		
38	✓ ✓ ✓		
39	0 0 ✓		
40	✓ ✓		
41	✓ ✓		
42	✓ ✓ ✓ ✓		
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44	✓ ✓ ✓		
45	✓ ✓		
46	✓ ✓		
47	✓ ✓		
48	✓ ✓		
49	✓ ✓		
50	✓ ✓		

Claim	Final	Original	Date
51	✓ ✓ ✓ ✓		
52	N N N		
53	✓		
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56	N N N		
57	✓ ✓ ✓ ✓		
58	✓ ✓		
59	✓ ✓		
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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